

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51		
2	/						52		
3		2					53		
4	/						54		
5	/						55		
6		2					56		
7	/						57		
8	/						58		
9	/						59		
10	/						60		
11	/						61		
12	/						62		
13							63		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	10						TOTAL IND.		
TOTAL DEP.	4						TOTAL DEP.		
TOTAL CLAIMS	14						TOTAL CLAIMS		

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